

Lac NGUYEN v. ANN CARROLL NURSING  
 192 WASHINGTON #208 HOME, AND CAROL VALERIE  
 HNN, MA. 01902

1. I was hired about **04-12** RECEIVED  
 Certified nurses assistant (CNA) REFERRED TO DEC 10 2004  
 Ann-Carroll Nursing Home (Ann-Carroll)
2. On 3-7-2001 Carol Valerie, the ~~owner~~, called me at home and left a message saying that I was fired.
3. Ms. Valerie did not give me a reason for terminating me, and I had no idea why.
4. I request my personnel file from Ms. Valerie by certified letter on 3-21-2001 because I was applying for unemployment benefits.
5. Ms. Valerie did not produce my personnel file and I did not have the file for the hearing.
6. Ann-Carroll contested my unemployment benefits, but I had a hearing and received my benefits.
7. On 6-1-01, Carol Valerie contested my benefits with the Board of Review. She lost again.
8. On 7-2-01, 4 month after she fired me, she retaliated against me by making up lied, defamatory characters. She reported me to the Dept. of public Health. Again, she lost.
9. On 8-31-01, I filed a complaint with MCAD.  
 (Mass. Commission Against Discrimination)
10. On 5-11-04 MCAD dismissed my complaint. They told me to go to U.S. District Court. (2)

11. In order to renew my nursing Ass.stant license the state law requires CNA must work so many hours in a year.
12. Since 3-7-01 , Mrs. Valerie fired me . I have not found a job as CNA . I can't renew my CNA license so I lost my career as CNA.
13. I was a very good worker , I always received compliments from all of my supervisors There is no "misconduct" or any complaint in the entire contents of my employment file . There was no reason for Mrs. Valerie to fire me.
14. She believed , she owns the business so she can do what she wants . No ones in the whole building would cooperate with her lied about me .
15. I therefore charge her with wrongfully termination , loss career, loss income , defamation character and emotional distress .

Sincerely,  
Luz Rodriguez

## UNITED STATES DISTRICT COURT

ATTACHMENT 5

District of \_\_\_\_\_

*Loc NCLT-EN*

Plaintiff

V.

*ANNE CARROLL NURSING HOME*

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

I, \_\_\_\_\_ declare that I am the (check appropriate box)

 petitioner/plaintiff/movant       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?       Yes       No      (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?       Yes       No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. *3100. / a week*

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?  Yes  No  
If "Yes," state the total amount. 54,86
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No  
If "Yes," describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

*None*

I declare under penalty of perjury that the above information is true and correct.

12/8/84

Date

*Wm. C. M. L.*

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

## **FACTS ABOUT FILING AN EMPLOYMENT DISCRIMINATION SUIT IN FEDERAL COURT IN STATE OF MASSACHUSETTS**

You have received a document which is the final determination or other final action of the Commission. This ends our handling of your charge. The Commission's action is effective upon receipt. Now, you must decide whether you want to file a private lawsuit in court. This fact sheet answers several commonly asked questions about filing a private lawsuit.

### **WHERE SHOULD I FILE MY LAWSUIT?**

Federal District Courts have strict rules concerning where you may file a suit. You may file a lawsuit against the respondent (employer, union, or employment agency) named in your charge. The appropriate court is the district court which covers either the county where the respondent is located or the county where the alleged act of discrimination occurred. A law suit can be filed at the following U.S. District Court locations in Massachusetts.

- The United States District Court for the District of Massachusetts located at The John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, MA 02210, or by contacting the Clerk of the Court Office at (617) 748-9152
- The United States District Court for the District of Massachusetts located at Donohue Federal Building & Courthouse, 595 Main Street, Room 502, Worcester, MA 01608, by contacting the Clerk of the Court Office at (508) 929-9000
- The United States District Court for the District of Massachusetts located at the Federal Building & Courthouse, 1550 Main Street, Springfield, MA 01103, or by contacting the Clerk of the Court Office at (413) 785-0214

### **WHEN MUST I FILE MY LAWSUIT?**

Your private lawsuit **must** be filed in U.S. District Court within 90 days of the date you receive the enclosed final action. Once this 90-day period is over, unless you have filed suit, you will have lost your right to sue.

(Over)

**DISMISSAL AND NOTICE OF RIGHTS**

To: **Ms. L. D. Nguyen**  
**192 Washington St.,**  
**Lynn, MA 01902**

From: **Boston Area Office**  
**John F. Kennedy Fed Bldg**  
**Government Ctr, Room 475**  
**Boston, MA 02203**

*On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR § 1601.7(a))*

EEOC Charge No.	EEOC Representative	Telephone No.
<b>16C-2001-02623</b>	<b>Anne R. Giantonio</b> <b>Intake Supervisor</b>	<b>(617) 565-3189</b>

**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans with Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- Having been given 30 days in which to respond, you failed to provide information, failed to appear or be available for interviews/conferences, or otherwise failed to cooperate to the extent that it was not possible to resolve your charge.
- While reasonable efforts were made to locate you, we were not able to do so.
- You were given 30 days to accept a reasonable settlement offer that affords full relief for the harm you alleged.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

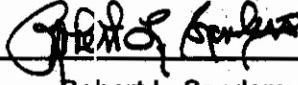
**Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS** of your receipt of this Notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

On behalf of the Commission

SEP 16 2004

Enclosure(s)

  
**Robert L. Sanders,**  
**Area Office Director**

(Date Mailed)

cc: **SACHEM INC, DBA ANN-CARROLL NURSING**  
**66 Johnson St.**  
**Lynn, MA 01920**

**AMERICAN RED CROSS TESTING OFFICE**  
**786 MAIN STREET**  
**MELROSE, MA 02176**  
**(800) 962-4337 • (781) 979-4010**

DATE: 5-19-3

Dear: Lec Nguyen

Your Massachusetts Nurse Aide Registry Renewal Form is being returned to you because the information checked below is missing or incomplete.

**Section 1: Nurse Aide Information**

- Social Security Number (**If changed, please send copy of card**)
- Name (**Please print clearly**)
- Home Address (**Please include zip code**)

**Section 2: Current or Most Recent Health Care Employer**

- Name of Employer
- Address of Employer (**Please include zip code**)
- Facility Phone # (**Please include area code**)
- Type of Employer
- Long Term Care facility VPN (**Vendor Payment Number – Medicaid #**)
- Date of Hire (**must indicate month, day and year**)
- Date of Termination (**must indicate month, day and year**)
- Signature of Director of Nursing/Stafing Coordinator (**also type/print**)
- Signature of RN or patient's MD is required if privately employed (**also type/print**)
- Date of Signature (**must indicate month, day and year**)

Renewal requirements are that you have been employed as a nurse aide for at least 8 consecutive hours under the supervision of a nurse or attending physician, within your registry period.

- Please complete a "Mass Nurse Aide Registry Renewal Form" for each person being renewed, or attach a Letter of Confirmation from Mass Dept. of Public Health. Please make sure that the date of hire is correct if using a Letter of Confirmation.
- We do not accept faxed copies of renewal forms or Xeroxed copies of renewal forms unless it has an **original signature**.

**Please complete the missing or incomplete information and return to the above address.**

**St. Jean's Credit Union**  
 527 Western Avenue  
 Lynn, MA 01904  
 (781) 592-5420

301633 3022970 005570 00004557 1201 0 037 Dept. #00000000  
**LOC D NGUYEN**  
**192 WASHINGTON ST**  
**LYNN MA 01902**

[www.stjeanscu.com](http://www.stjeanscu.com)



### STATEMENT OF ACCOUNT

Call our convenient member service number  
**1-781-592-5420** for all your service needs.  
 When you call be sure to have your  
 Account Number available:

**124033**

Page 1 of 1

**Statement Date: 11/30/2004**



The Board of Directors and Staff of St. Jean's Credit Union would like to extend our best wishes for a safe happy holiday season. Our holiday hours are as follows. Friday December 24th, we will be closing at 2:00PM. Friday December 31st, we will be closing at 3:00PM.

### ACCOUNT SUMMARY - Balances as of 11/30/2004

Please Note:

#### Deposit Accounts

S1 Primary	54.86
Total Deposit Accounts	54.86

### SHARE S1 Primary

Please Note:

Posted	Effective	Description	Amount	Balance	
10/31	10/31	PREVIOUS BALANCE		29.84	
11/01	10/31	Deposit Dividend Annual Percentage Yield Earned 0.79% on Avg Daily Bal of 29.84 for 31 Days	0.02	29.86	Statement Period 11/01/2004 - 11/30/2004
11/13	11/13	Deposit	5.00	34.86	Dividend Year to Date \$0.04
11/13	11/13	Deposit	20.00	54.86	Dividends of \$0.03 to be paid on 12/01/2004 for this suffix.
11/30	11/30	NEW BALANCE		54.86	

## AGREEMENT OF NONDISCLOSURE

Pursuant to Section 705g(1) of Title VII, the EEOC shall have power to cooperate with private individuals in order to accomplish the purposes of Title VII. This same authority also applies to actions under the Americans with Disabilities Act.

## PERSON REQUESTING DISCLOSURE

X	CHARGING PARTY	RESPONDENT		AGGRIEVED PERSON ON WHOSE BEHALF CHARGE IS FILED		AGGRIEVED PERSON IN COMMISSIONER CHARGE		NAMED PARTY IN CLASS ACTION
	ATTORNEY REPRESENTING <input type="checkbox"/> CP <input type="checkbox"/> RESPONDENT	<input type="checkbox"/>	AGGRIEVED PERSON ON WHOSE BEHALF CHARGE IS FILED	<input type="checkbox"/>	AGGRIEVED PERSON IN COMMISSIONER CHARGE	<input type="checkbox"/>	NAMED PARTY IN CLASS ACTION	

CHARGE NUMBER(S) OF FILE(S) TO BE DISCLOSED

16c-2001-02623, Nguyen v. Sachem, Inc.

## STATEMENT

I Loc D. Nguyen,  
*(Typed name)*, request disclosure of Commission case file(s) in

connection with contemplated or pending litigation. I agree that the information disclosed to me will not be made public or used except in the normal course of a civil action or other proceeding instituted under Title VII or the Americans with Disabilities Act involving such information.

In witness whereof, this agreement is entered into as of the 26<sup>th</sup> day of October 20 04

by the Equal Employment Opportunity Commission representative named below and the person requesting disclosure.

*Person requesting disclosure (Signature and telephone number/area code)*

*Complete address*

March Hawley, Office Automation Assistant

*EEOC representative (Signature and title)*